

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

3277-62-027064
STATE FILE NUMBERDO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

FILED JUL 18 1962

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Rev. 4/59.

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DATE AMENDED

INSTEAD OF

SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
Length of stay in lb 40 years		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL-OR INSTITUTION WALNUT NURSING HOME		d. STREET ADDRESS 3522 WALNUT	
3. NAME OF DECEASED (Type or print) First Edna Middle L Last ESRY		4. DATE OF DEATH Month June Day 21 Year 1962	
5. SEX female	6. COLOR OR RACE CACU.	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-8-1884
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY home	
11a. FATHER'S NAME A.E. Hewitt		11b. MOTHER'S MAIDEN NAME RAWL	
12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		13. SOCIAL SECURITY NO.	
14. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypostatic PNEUMONIA DUE TO (b) Cerebro-Vascular Accident. DUE TO (c) Sepsis - arteriosclerosis.		15. NAME OF HUSBAND OR WIFE Claude L. ESRY	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION KANSAS CITY - JACKSON - MO.		
21. I attended the deceased from JAN 30 - '59 to JUNE 21 - '62 and last saw her alive on JUNE 21 - '62		22. SIGNATURE J.C. Walker (Degree or title)	
Death occurred at 3522 WALNUT 650 PM on the date stated above, and to the best of my knowledge, from the causes stated.		22b. ADDRESS 2727 main KC. 8 MO.	
22a. SIGNATURE J.C. Walker (Degree or title)		22c. DATE SIGNED 6-22-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6-23-62	23c. NAME OF CEMETERY OR CREMATORY GREEN LAWN	23d. LOCATION (City, town, or county) KANSAS CITY MO.
24. FUNERAL DIRECTOR Muehlebach	25. DATE RECD. BY LOCAL REG. 6-22-62	26. REGISTRAR'S SIGNATURE Ruth A Long	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

Dr Walker
2727 main
VI 2-3480
1-5 P.M.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by Alfred H. Hammons, Student Embalmer No. 646

working under my personal supervision.

Student Alfred H. Hammons
Signature of Student Embalmer

Signed R. E. Nichols

Licensed Embalmer No. 4997

P. O. Address U. P. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.